



Housing Opportunities for Persons With AIDS (HOPWA) Program

Annual Progress Report (APR)

Measuring Performance Outcomes

OMB Approval No. 2506-0133 (exp.04/30/07)

This report is for use by HOPWA competitively selected grantees for providing annual information on the accomplishments of the project in providing housing assistance for low-income persons living with HIV/AIDS and their families. The public reporting burden for the collection of information is estimated to average 47 hours per manual response, or 30 hours if an automated data collection and retrieval system is in use, along with 60 hours for recordkeeping, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Grantees are required to report on the activities undertaken only, thus there may be components of these reporting requirements that may not be applicable. In addition, the use of PDF form reporting offers the use of electronic reporting. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

HOPWA Annual Progress Report (APR)

Overview

In this APR edition, the U.S. Department of Housing and Urban Development is emphasizing grantee performance and the use of client outcome measures in demonstrating program effectiveness. Toward this end, the HOPWA APR for competitive grant recipients has been revised to incorporate new performance measure reporting requirements. These are designed to help grantees and project sponsors aggregate results from the use of HOPWA resources: (1) to provide housing assistance as the annual output measure; and (2) to collect client information demonstrating the outcome for improved housing stability for this special needs population. Formula grantees also may want to use this form to track client information. HUD collaborated with grantees and technical assistance providers to implement the reporting information to measure this new performance outcome. This outcome measure will identify HOPWA assisted households that have been enabled to establish and/or better maintain a stable living environment in housing that is safe, decent, and sanitary and to reduce the risks of homelessness and improve access to health care and other support. At the end of each year of assistance, HOPWA recipients should consider the effects of their efforts under this general outcome. Recipients need to assess accomplishments in achieving this outcome and report on program progress. These assessments will help inform the community as well as HUD in assessing past performance and helping to direct future efforts. Additionally, programs can use the information to consider alternatives or program enhancements if activities are not meeting the stated outcome.

HOPWA collects the necessary information under the authority of the AIDS Housing Opportunity Act (AHOA), as amended, 42 U.S.C. 12901-12912. This Act authorizes HUD to provide states and localities with the resources and incentives to devise long-term comprehensive strategies for meeting the housing needs of persons living with acquired immune deficiency syndrome (AIDS) or HIV infection and their families. The statute includes the following provisions that necessitate the collection of this information: (1) The AHOA authorizes the Department to conduct a national competition for the award of funds for ten percent of the annual appropriation for the HOPWA program; and (2) The AHOA requires that recipients of assistance report on the use of amounts received, including the number of individuals assisted, the types of assistance provided, and other information determined to be appropriate.

HUD selects the highest rated applicants for special projects of national significance and applicants for projects that are part of long-term comprehensive strategies for providing housing and related services in areas that do not qualify for formula allocations. As authorized, competitive grants that provide permanent supportive housing and meet program requirements may be selected on a priority basis for renewal funding. Annual Progress Reports provide HUD with essential information on project output and outcome activities in reporting to Congress and the public on the use of program funds. In addition, the reports assist HUD in monitoring the use of federal funds and ensuring statutory and regulatory compliance. Information is collected on an annual basis in the application to make selections and in the annual progress report to report on program activities based on statutory requirements at 42 U.S.C. 12903(b)(3) and 12911. Less frequent submission of information on program accomplishments could compromise the legal, efficient, and effective implementation of the program. The information to be submitted by applicants and recipients is considered public information, except to the extent that applications contain personal or proprietary information or are in use for the competition during a covered use period pursuant to the Department of Housing and Development Reform Act of 1989 (Pub. L. 101-235, as amended).

In addition to the Department's review of performance outcomes, HUD is consciously streamlining reporting requirements through integration and standardization of reporting mechanisms, to the extent possible. Since 2003, all competitive grantees are required as part of the grant agreements to complete a logic model which is a performance tool that informs HUD, the public, and other grantees on how grantees' services and activities help achieve HUD strategic goals and promote HUD policy priorities. The required APR information helps provide the information necessary for completing the logic model on the required HOPWA output measure, the

amount of housing assistance provided each year, and to assess client outcomes in achieving housing stability.

General Instructions

Purpose. The Annual Progress Report (APR) fulfills statutory reporting requirements and provides the grantee and HUD with the necessary information to assess the overall performance and accomplishment of the grantee's program activities under the approved goals, and objectives.

Applicability. Grantees must complete the APR for each program year in which HOPWA grant funds were expended. Information on each competitive grant is to be reported in a separate APR. A formula grantee may use this as an optional form, for example in collecting standard information from project sponsors, but will still be obligated to fulfill formula reporting requirements. Grantees must complete all of Parts 1-3 on standard reporting elements. Grantees approved for "Other" activities, as detailed in their grant agreement, are requested to adapt the APR to report on their unique program accomplishments. For instance, accomplishment data may be included in Part 2b.

On Part 3, grantees are required to complete project sponsor information in subparts (a-d) that correspond to activities undertaken with HOPWA funding, i.e., short-term rent, mortgage and utility assistance to prevent homelessness (STRMU) (Part 3a), tenant-based rental assistance (TBRA) (Part 3b), facility-based housing assistance (FBHA) (Part 3c), or supportive services only projects (Part 3d). Grantees whose activities are limited to providing supportive services only (Part 3d) are not required to provide information relating to participant demographics. Grantees providing housing assistance must complete Part 2a Beneficiary Information and Part 2c Housing Stability Outcomes for their clients who benefit from the HOPWA housing assistance.

Continued Use Periods. Grantees that received HOPWA funding for new construction, acquisition, or substantial rehabilitation are required to operate their facilities for ten years for HOPWA-eligible beneficiaries. For the years in which grantees do not receive and expend HOPWA funding for these activities, in place of filing the APR, the grantee must submit an Annual Certification of Continued Project Operation throughout the required use periods. This certification is included in Part 3c Facility Based Housing Assistance in this APR.

Record Keeping. Names and other individual information must be kept confidential, as required by 24 CFR 574.440. However, HUD reserves the right to review the information used to complete this report for grants management oversight purposes, except for recording any names and other identifying information. **Information is reported in aggregate to HUD without personal identifications. Do not submit client or personal information in data systems to HUD.**

In connection with the development of the Department's standards for Homeless Management Information Systems (HMIS), universal data elements are being collected for clients of HOPWA-funded homeless assistance projects. These project sponsor records would include: Name, Social Security Number, Date of Birth, Ethnicity and Race, Gender, Veteran Status, Disability Status, Residence Prior to Program Entry, Zip Code of Last Permanent Address, Program Entry Date, Program Exit Date, Unique Person Identification Number, and Household Identification Number. These are intended to match the elements under HMIS. The HOPWA program-level data elements include: Income and Sources, Non-Cash Benefits, HIV/AIDS Status, Housing Support, Services Received, and Housing Status or Destination at the end of the program year. Other suggested but optional elements are: Behavioral Health Status, Domestic Violence, Employment, Education, General Health Status, Physical Disability, Pregnancy Status, Reasons for Leaving, Veteran's Information, and Children's Education. Other HOPWA projects sponsors may also benefit from collecting these data elements **Program Year.** The information contained in this APR should reflect one program year of grantee operation. Project sponsor accomplishment information must reflect the same time period as the grantee's program year and APR dates. New grantees have some flexibility in setting the dates of operating years. A grantee of a competitively-awarded grant may set the

operating start date for its program on a date up to four months following the date of the signing of the grant agreement. Any change requires the approval of HUD by amendment, such as an extension for one additional year of operation. A renewal grant start date would be coordinated with the close out of the existing grant.

Organization of the Report. The information included in this report has been organized to facilitate reporting by project sponsors to allow grantees to assemble the parts applicable to reporting on its HUD-approved grant.

- 1) Grantee Narrative and Performance Assessment
- 2) Overview of Grant Activities and Expenditures -- Summary of All Projects
 - a) Beneficiary Information
 - b) Performance and Expenditure Information
 - c) Housing Stability Outcomes
 - d) Summary of Grantee Leveraging
- 3) Project Sponsor Information (each project sponsor)
 - a) Short-term Rent, Mortgage, and Utility Assistance (STRMU)
 - b) Tenant-based Rental Assistance (TBRA)
 - c) Facility-based Housing Assistance
 - d) Supportive Services-only Projects
- 4) Information on Outcomes and HMIS

Final Assembly of Report. After the entire report is assembled, please number each page sequentially.

Filing Requirements. Within 90 days after the end of each program year, the information in this package must be submitted to the Director of the Office of Community Planning and Development (CPD) in the grantee's State or Area HUD Office, with one copy submitted to the Office of HIV/AIDS Housing (Room 7212), U.S. Department of Housing and Urban Development, 451 Seventh Street SW, Washington, D.C. 20410. Failure to timely submit the required Annual Progress Report may lead to a delay in receiving future grant funds or a determination for ineligibility for future funding.

Definitions. The HOPWA regulations provide definitions at 24 CFR 574.3. The following terms supplement these definitions for the use of preparing this APR.

Adjustment for Duplication: Refers to number of households or beneficiaries that received more than one type of assistance in a given service category. The adjustment for duplication should provide an unduplicated total.

Administrative Costs. Refers to costs for general management, oversight, coordination, evaluation, and reporting. By statute, grantee administrative costs are limited to 3% of total grant award, to be expended over the life of the grant. Project sponsor administrative costs are limited to 7% of the total grant award, to be expended over the life of the grant.

At Entry or Continuing: At Entry indicates the household status at the time of entry into the HOPWA program. For households continuing from the previous year, the entry date would be the status of the household at the beginning of the program year.

At Exit or Continuing: At Exit indicates the household status at the time of departure from the HOPWA program. For households continuing into the next program year, the exit date would be the status of the household at the end of the new program year.

Beneficiary: A beneficiary is any individual who received HOPWA assistance during the program year.

Chronically homeless person: A "chronically homeless person" is "an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more **OR** has had at least four episodes of homelessness in the past three years." For this purpose, the term "homeless" means "a person sleeping in a place not meant for human habitation (e.g., living on the streets) or in an emergency homeless shelter." This does not include doubled-up or overcrowding situations.

Disabling condition: A "disabling condition" is "a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions." In addition, a disabling condition may limit an individual's ability to work or perform one or more activities of daily living. An HIV/AIDS diagnosis is considered a disabling condition.

Entered the program: This phrase means when the participant's eligibility and housing needs are assessed, housing plan is established, or the person or family starts to receive rental assistance or enters into residence at the housing facility.

Extension: In addition to the standard three-year grant term, an **Extension APR** applies to grantees that requested and received the one-year extension of their grant term from the HUD field office.

Grassroots organization: A "grassroots organization" means an organization that is headquartered in the local community to which it provides services; and, (i) has a social services budget of \$300,000 or less, or (ii) has six or fewer full-time equivalent employees. Local affiliates of national organizations are not considered "grassroots."

Household: A "household" means a single individual or a family composed of two or more persons, for which household incomes are used to determine eligibility and for calculation of the resident rent payment. Caregivers and non-beneficiaries who resided in the shared unit are not reported on in the APR. In the APR, the term is equated with unit of housing. The term is used for collecting data on changes in income, changes in access to services, receipt of housing information services, for prior living situations, special needs, and outcomes on achieving housing stability.

Non-HOPWA leveraged sources: Non-HOPWA leveraged resources refers to cash resources separate from the HOPWA grant award, and may include: CDBG, HOME, ESG, SHP, S+C, SRO Mod Rehab, Housing Choice Vouchers (Section 8), PHA units, Supportive Housing for Persons with Disabilities/Elderly (Section 811/202), Low Income Housing Tax Credits (LIHTC), Historic Tax Credits, USDA Rural Housing Service, Ryan White CARE Act programs, other federal programs at HHS, VA, DOL, etc, state funds, local government funds, and private philanthropy. While other HOPWA funds may be used in conjunction with this grant, the amounts are not counted as leveraging for purposes of the grant application selection or criteria and performance is reported under the applicable HOPWA grant

Operating Costs: Applies to facility-based housing only, for facilities that are currently open. Operating costs can include day-to-day housing function and operation costs like utilities, maintenance, equipment, insurance, security and salary for staff costs directly related to the housing project but not staff costs for delivering services.

Output Assessed: Output refers to the number of units of housing/households assisted during the year, as measured by the annual use of HOPWA funds.

Outcome Assessed: The HOPWA assisted households who have been enabled to establish or better maintain a stable living environment in housing that is safe, decent, and sanitary, and to reduce the risks of homelessness, and improve access to HIV treatment and other health care and support with the goal that this result increases through use of annual resources to be achieved by 80 percent of all HOPWA beneficiaries by 2008.

Permanent Housing Placement: A supportive housing service that helps establish the household in the housing unit, including reasonable costs for security deposits not to exceed two months of rent costs.

Stewardship Unit: Facility based housing units developed with HOPWA funds, but have no current operations or other HOPWA costs and is subject to 3 or 10 year use periods.

Housing Opportunities for Persons with AIDS (HOPWA) Annual Progress Report – Measuring Project Performance

HUD Grant Number	Program Year for this report <i>From (mm/dd/yy) to (mm/dd/yy)</i> <input type="checkbox"/> Yr 1; <input type="checkbox"/> Yr 2; <input type="checkbox"/> Yr 3; <input type="checkbox"/> ExtYr
Grantee Name	
Type of HOPWA Grant <input type="checkbox"/> Competitive <input type="checkbox"/> Formula <input type="checkbox"/> Technical Assistance	Service Area (community, Metropolitan Statistical Area (MSA) or State in which this program is operating)
<i>I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.</i> Warning: HUD will refer for prosecution false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012, 31 U.S.C. 3729, 3802)	
Name & Title of Authorized Official	Signature & Date (mm/dd/yy)
Name & Title of Contact at Grantee Agency <i>(person who can answer questions about the report and program)</i>	Contact Phone (include area code)
Address	Fax Number (include area code)
City, State, Zip	Email Address
Organization's Website Address	Type of Agency _____ Is the grantee a nonprofit organization? <input type="checkbox"/> Yes <input type="checkbox"/> No Check if the grantee is a nonprofit and a faith-based organization. <input type="checkbox"/> Check if the grantee is a nonprofit and a grassroots organization. <input type="checkbox"/>
Have you prepared any evaluation report? <i>If so, please indicate its location on an Internet site (url) or attach copy.</i>	

Part 1: Grantee Narrative and Performance Assessment

Instructions: Include a short executive summary of the activities undertaken during the operating year for this grant (1-4 pages) that may be used for public information, including posting on HUD's web page. The summary should include a description of project sponsors and partner organizations, reports on any special features to provide outreach and support to the target population, and any related assessment or evaluation of the project's accomplishments during the operating year. The summary of the grant used in its selection announcement can be updated for this summary. The summary evaluation should address the following:

a. **OUTPUT REPORTED:** For purposes of describing an overview of your program's accomplishments for the program year, report on the number of units of housing/households supported with HOPWA housing assistance funds during this year. In addition, include a comparison of proposed accomplishments, as approved in the grant agreement, with the actual accomplishments demonstrated on Part 2: Overview of Grant Activities.

b. **OUTCOME ASSESSED:** Please describe progress in achieving HOPWA performance outcomes. Briefly assess how HOPWA assisted households were enabled to establish and/or better maintain a stable living environment in housing that is safe, decent, and sanitary, and reduce their risks of homelessness and improve their access to health-care and other supportive services. Compare current year outcomes with any baseline of prior efforts,

c. **BARRIERS AND RECOMMENDATIONS:** Describe any barriers you or your project sponsors encountered over the program year, actions taken in response to the barriers, and recommendations for program improvement. You may select more than one from the following list:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> HOPWA/HUD Regulations | <input type="checkbox"/> Planning Issues | <input type="checkbox"/> Housing Availability | <input type="checkbox"/> Rent Determination and Fair Market Rents |
| <input type="checkbox"/> Discrimination/Confidentiality | <input type="checkbox"/> Multiple Diagnosed Issues | <input type="checkbox"/> Eligibility Issues | <input type="checkbox"/> Technical Assistance or Training Issues |
| <input type="checkbox"/> Supportive Service | | | |

d. **TECHNICAL ASSISTANCE:** Based on your experience during the last year, are there any areas on which you need technical advice or assistance? If so, please describe.

Part 2: Overview of Grant Activities - Summary of All Projects

A. Beneficiary Information

1. Total Number of Beneficiaries Served. Please indicate below the unduplicated number of eligible individuals who are low income and living with HIV/AIDS, who received HOPWA assistance during the operating year. For eligible individuals with HIV/AIDS receiving HOPWA housing assistance, provide the number of associated household members who resided with them.

Individuals and Families Served through Housing Assistance	Total Number
a. Number of individuals with HIV/AIDS who received HOPWA housing assistance	
b. Number of household members residing with the above in HOPWA-assisted housing	
TOTAL number of <u>beneficiaries</u> served with Housing Assistance (line a + b)	
TOTAL number of <u>households</u> served with Housing Assistance	

2. Demographics of Total Number of Beneficiaries Served with Housing Assistance. *Of the total number of beneficiaries who received HOPWA housing assistance, report on the following demographic information, including age and gender, ethnicity, race, prior living situation and special needs issues. The sum of **each** the following categories, except Special Needs Issues (d), should equal the total number of beneficiaries served with HOPWA housing assistance.*

a. Age and Gender

Category	Male	Female
i. Under 18		
ii. 18 to 30 years		
iii. 31 to 50 years		
iv. 51 years and Older		

b. Ethnicity

Category	Total Beneficiaries Served with Housing Assistance
i. Hispanic or Latino	
ii. Non-Hispanic or Non-Latino	

c. Race

Category	Total Beneficiaries Served with Housing Assistance	Category	Total Beneficiaries Served with Housing Assistance
i. American Indian/Alaskan Native		vi. American Indian/Alaskan Native & White	
ii. Asian		vii. Asian & White	
iii. Black/African American		viii. Black/African American and White	
iv. Native Hawaiian/Other Pacific Islander		ix. American Indian/Alaskan Native & Black/African American	
v. White		x. Other Multi-Racial	

d. Special Needs. If known for program assistance purposes, demonstrate how many HOPWA housing assistance beneficiaries had the following life experiences. Participants may count in more than one category. *The sum total of persons identified with Special Needs issues may not equal the total number of beneficiaries served with HOPWA housing assistance.*

Category	Total Beneficiaries Served with Housing Assistance
i. Veteran	
ii. Chronically homeless	
iii. Domestic Violence Survivor	

e. Prior living situation. For persons receiving HOPWA assistance, please report on the beneficiary’s prior living situation. Include participants in the **one** category that best describes the participant's most recent living situation. The response categories are coordinated with HMIS standard responses.

Category		Total Beneficiaries Served with Housing Assistance
i.	Continuing in the HOPWA project from the prior operating year	
New Beneficiaries (persons beginning HOPWA services during Program Year)		
ii.	Place not meant for human habitation (such as a vehicle, abandoned building, bus/train/subway station/airport, or outside)	
iii.	Emergency shelter (including hotel, motel, or campground paid for with emergency shelter voucher)	
iv.	Transitional housing for homeless persons	
v.	Permanent housing for formerly homeless persons (such as Shelter Plus Care, SHP, or SRO Mod Rehab)	
vi.	Psychiatric hospital or other psychiatric facility; Substance abuse treatment facility or detox center; Hospital (non-psychiatric facility); or Foster care home or foster care group home	
vii.	Jail, prison or juvenile detention facility	
viii.	Don't Know or Refused	
ix.	Rented room, apartment, or house	
x.	House you own	
xi.	Staying or living in someone else's (family and friends) room, apartment, or house	
xii.	Hotel or motel paid for without emergency shelter voucher	
xiii.	Other	
xiv.	TOTAL	

Part 2: Overview of Grant Activities - Summary of All Projects

B. Performance and Expenditure Information

Instructions: The following chart is a summary of all grant activities included in this APR. Aggregate information from all project sponsors that received HOPWA funds from the grantee during the program year by reporting the total number of households by housing subsidy type and the number of households assisted in housing facilities along with the total amount of HOPWA funds expended in each category. Please note items 1-5 and 9-13 are measured in households and numbers 6 and 7 on development costs are measured in housing units. The Total Housing Assistance number provided represents the unduplicated number of households assisted during the program year, and corresponds with the annual output measure for HOPWA. Identify the amount and source(s) of funding leveraged from other sources that are directly connected to the HOPWA effort, including any additional households supported with these funds. Please include the project-leveraging (cash resources) total for all project sponsors and grantee activities in the categories most appropriate to that type of leveraged activity. Please refer to the definitions section for clarification on terminology.

Funding Available		HOPWA 3-year grant award: \$			
		Prior year(s) Expenditures (for this grant only): \$			
		Current year Expenditure: \$			
		Current HOPWA balance: \$			
Housing Assistance		Number of <u>Households</u> Receiving HOPWA Assistance	Amount of HOPWA Funds Expended	Number of <u>Households</u> Receiving Related Support with Non-HOPWA Sources	Amount of Leveraged funds Expended
1.	Short-term Rent, Mortgage, and Utility Assistance				
2.	Tenant-based Rental Assistance				
3a.	Facility based units supported with operating costs				
3b.	Facility based units developed with capital funds and placed in service during the program year				
4.	Adjustment for duplication				
5.	Total Housing Assistance				
Other Housing Development		Number of <u>Units</u> Receiving HOPWA Assistance	Amount of HOPWA Funds Expended	Number of <u>Units</u> Receiving Related Support with Non-HOPWA Sources	Amount of Leveraged funds Expended
6.	Facility based units being developed with capital funding but not yet opened (show units of housing planned)				
7.	Stewardship units subject to 3- or 10- year use periods				
8.	Total Other Housing Development				

Supportive Services		Number of <u>Households</u> Receiving HOPWA Assistance	Amount of HOPWA Funds Expended	Number of <u>Households</u> Receiving Related Support with Non-HOPWA Sources	Amount of Leveraged funds from Other Sources
9a.	Supportive Services in conjunction with housing activities (for households above)				
9b.	Supportive Services NOT in conjunction with housing activities (HOPWA funded Supportive Services Only)	*			
10.	Adjustment for duplication				
11.	Total Supportive Service				
Housing Placement Assistance					
12.	Housing Information Services	**			
13.	Permanent Housing Placement Services	**			
14.	Total Housing Placement Assistance				
Administration and Management Services					
15.	Resource Identification to establish, coordinate and develop housing assistance resources (includes Technical Assistance in Community Residence)				
16.	Project Outcomes/Program Evaluation (if approved)				
17.	Grantee Administration (maximum 3% of total)				
18.	Project Sponsor Administration (maximum 7% of total)				
19.	Other Activity (if approved in grant agreement) Specify:				
20.	Total Administration & Management				
Total Expended					
21.	Total HOPWA Expenditures (sum of lines 5, 8, 11, 14 & 20)				

NOTE: This APR uses two terms of analyses: Households and housing units. The term Household is used as the main reporting category, when gathering information on housing subsidy assistance (such as TBRA and STRMU) and for residents of facilities; the term household can include an individual. Housing units is the term generally used for describing the size of the housing facility or community residence which was planned or under development with program funds as seen in item 4 or on the stewardship units in item 5. Once in operation, it is possible that a unit in a facility may assist more than one household during the program year, as tenants move in and out of that unit, for example, in residency in a transitional facility or relocation to other housing. The use of households as the standard measure for persons assisted will help track this changeover of tenants, with information provided under the client outcome results.

* Number equals supportive services for HOPWA-funded housing assistance (See Part 2, Section 2 Chart a).

** If money is spent on these activities for case management and/or education/employment training activities, housing information services or permanent housing placement activities but is not committed to HOPWA-funded Housing Assistance; then the outcomes are also reported (See Part 2, Section 2 b.).

Part 2: Overview of Grant Activities - Summary of All Projects

C. HOPWA Performance Outcomes

Section: 1) Measuring Housing Stability Outcomes

- In column 1, provide the total number of eligible households that received HOPWA housing assistance in the specified types of housing assistance. The information provided should coincide with the numbers provided in Part 2b, lines 1-3.
- In column 2, enter the number of eligible households continuing to access each specified type of housing assistance (which might involve a temporary absence of not more than 90 days for treatment purposes, with an intent to return).
- In column 3, enter the number of eligible households within each specified type of housing assistance who left the program component during the program year by their housing destination. If a household fractured during the program year, report only on the destination of the individual that made the household HOPWA eligible. Refer to the destination codes that appear below the table. If uncertain how to categorize a particular destination, please refer to the glossary for definitions of destination codes and choose the one that best fits the individual's situation.

Type of Housing Assistance	[1] Total Number of Households Receiving HOPWA Assistance	[2] Number of Households Continuing	[3] Number of Exited Households Component and Destination*
Short-term Rent, Mortgage, and Utility Assistance			1 (Emergency Shelter) =
			2 (Temporary Housing) =
			3 (Private Housing) =
			4 (Other HOPWA) =
			5 (Other Subsidy) =
			6 (Institution) =
			7 (Jail/Prison) =
			8 (Disconnected) =
			9 (Death) =
Tenant-based Rental Assistance			1 (Emergency Shelter) =
			2 (Temporary Housing) =
			3 (Private Housing) =
			4 (Other HOPWA) =
			5 (Other Subsidy) =
			6 (Institution) =
			7 (Jail/Prison) =
			8 (Disconnected) =
			9 (Death) =
Facility-based Housing Assistance			1 (Emergency Shelter) =
			2 (Temporary Housing) =
			3 (Private Housing) =
			4 (Other HOPWA) =
			5 (Other Subsidy) =
			6 (Institution) =
			7 (Jail/Prison) =
			8 (Disconnected) =
			9 (Death) =

Note: The total of column 2 (number of households continuing HOPWA assistance in the next program year) and column 3 number of households that exited the program) should equal column 1 (total number of households served during the program year).

For more information on Housing Stability Outcomes, please refer to the Worksheet provided on page 24

Section: 2) Outcomes on Access to Care and Support

a. Support in conjunction with HOPWA-funded Housing Assistance. Please report on the access to services for households receiving HOPWA-funded housing assistance for all households shown (See Chart 2, box 9-a), including supportive services, such as case management and/or education/employment training activities, or from housing information services undertaken in conjunction with housing activities. Report on the household status at program entry (or beginning of program year for households continuing from previous year) and program exit (or end of program year for households continuing services in the following program year).

Category of Services Accessed	HOPWA Housing Assistance	
	At Entry or Continuing	At Exit or Continuing
i. Has a housing plan for maintaining or establishing stable on-going residency		
ii. Had contact with a case manager at least once in the last three months		
iii. Had contact with a primary health care provider at least once in the last three months		
iv. Had medical insurance coverage or medical assistance		
v. Obtained an income-producing job created by this project sponsor during the year		
vi. Received a successful referral to a job created outside this agency during the year		

b. Support NOT in conjunction with HOPWA-funded Housing Assistance. Please report on the access to services for households receiving support (from case management and/or education/employment training activities, from housing information services or from permanent housing placement activities) that is NOT related or connected to this household also receiving HOPWA-funded housing assistance (See Chart 2, box 9-b, 12 and 13). Report on the household status at program entry (or beginning of program year for households continuing from previous year) and program exit (or end of program year for households continuing services in the following program year).

Category of Services Accessed	NON-HOPWA Housing Assistance	
	At Entry or Continuing	At Exit or Continuing
i. Has a housing plan for maintaining or establishing stable on-going residency		
ii. Had contact with a case manager at least once in the last three months		
iii. Had contact with a primary health care provider at least once in the last three months		
iv. Had medical insurance coverage or medical assistance		
v. Obtained an income-producing job created by this project sponsor during the year		
vi. Received a successful referral to a job created outside this agency during the year		

c. Income. Report on the average median income of households served with HOPWA housing assistance (See Chart 2, box 9-a). For information on average median income in your area, please refer to www.hud.gov.

Percentage of average median income by area		Housing Assistance	
		At Entry or Continuing	At Exit or Continuing
i.	0-30% of average median area income (very low)		
ii.	31-50% of average median area income (low)		
iii.	51-80% of average median area income (moderate)		

Part 2: Overview of Grant Activities - Summary of All Projects

D. Grant Sources for Project Leveraging

All grantees receiving funds under the HOPWA program must complete this chart for each operating year. Please identify the amount and source(s) of cash resources leveraged from other sources. Identification of in-kind and donated services, value of buildings, etc., are not requested. Use additional pages if necessary.

Sources of Leveraging (cash resources)		Total Amount of Leveraged Dollars	Part of leveraging commitment?
	HOPWA (other formula/competitive grants).	\$	
	Information for collection purposes only, not considered leveraging.		
1.	Grantee/project sponsor cash:	\$	
2.	Federal government (please specify):	\$	
		\$	
		\$	
		\$	
3.	Local and state government (please specify)	\$	
		\$	
		\$	
		\$	
		\$	
		\$	
4.	Foundations and other private cash resources (please specify)	\$	
		\$	
		\$	
		\$	
5.	Resident rent payments in facilities	\$	
	TOTAL (Sum of 1-5)	\$	

NOTE: Leveraged cash resources may include: CDBG, HOME, ESG, SHP, S+C, SRO Mod Rehab, Housing Choice Vouchers (Section 8), PHA units, Supportive Housing for Persons with Disabilities/Elderly (Section 811/202), Low Income Housing Tax Credits (LIHTC), Historic Tax Credits, USDA Rural Housing Service, Ryan White CARE Act programs, other federal programs at HHS, VA, DOL, etc, state funds, local government funds, and private philanthropy. While other HOPWA funds may be used in conjunction with this grant, the amounts are not counted as leveraging for purposes of the grant application selection or criteria and performance is reported under the applicable HOPWA grant

Part 3: HOPWA Project Sponsor Information

Complete one set of tables found on the following pages for each project sponsor funded by the grantee (or if the grantee conducts the program activities directly). Attach corresponding performance sections that apply to HOPWA activities carried out by the project sponsor. (For instance, if a project sponsor provides STRMU and Tenant-Based housing assistance, attach sections 3a and 3b.)

1. General Project Information:

Project Sponsor Agency Name			
Name & Title of Contact at Project Sponsor Agency			
Email Address			
Business Address			
City, State, Zip			
Phone (include area code)		Fax Number (include area code)	
Website			
Total HOPWA Subcontract Amount for this organization			
Primary Service or Site Information: Project Zip Code(s)			
Is the sponsor a nonprofit organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>		

2. Activities Undertaken with HOPWA funding. Check all activities that apply for this project sponsor:

- ☐ Short-term Rent, Mortgage, and Utility Assistance (Complete Part 3a and 3f)
☐ Tenant-based Rental Assistance (Complete Part 3b and 3f)
☐ Facility-based Housing Assistance, with or without on-site supportive services (Complete Part 4c and 4f)
 - ☐ Single Room Occupancy building
 - ☐ Community Residence
 - ☐ Short-term Shelter or Transitional Supported Housing
 - ☐ Units leased by project sponsor (scattered-site or clustered)
 - ☐ Other Housing Facility (please specify): _____☐ Supportive Services Only with HOPWA funds (Complete Part 3d)
☐ Housing Information, Permanent Housing Placement Services, and Resource Identification (Complete Part 3e)
☐ Other activity, if approved in grant agreement (please specify): _____
 (complete Part 3a-e and 3f, whichever is most appropriate to the type of activity).

Part 3: HOPWA Project Sponsor Information

A. Short-term Rent, Mortgage, and Utility Assistance (STRMU)

For project sponsors that provided Short-term Rent, Mortgage and Utility Assistance using HOPWA funds during the program year as indicated in Part 3, please provide the following detailed information for each project sponsor. Use extra pages, as necessary.

- Expenditures by type of housing assistance.** Enter the number of households served and the amount of HOPWA funds expended during the program year for the activities listed below.

Housing Assistance Categories		Number of <u>Households</u> Receiving HOPWA Assistance	Total HOPWA Funds Expended during Program Year
a.	Short-term <u>rent</u> and related utility assistance		
b.	Short-term <u>mortgage</u> and related utility assistance		
c.	Short-term <u>utility (only)</u> payments		
	Total STRMU Housing Assistance		
Supportive Services Provided by This Project Sponsor Agency to Households Receiving STRMU		Number of <u>Households</u> Receiving HOPWA Assistance	Total HOPWA Funds Expended during the operating year
d.	Adult day care and personal assistance		
e.	Alcohol and drug abuse services		
f.	Case management/client advocacy/ access to benefits & services		
g.	Child care and other child services		
h.	Education		
i.	Employment assistance and training		
j.	Health/medical/intensive care services, if approved		
k.	Legal services		
l.	Life skills management (outside of case management)		
m.	Meals/nutritional services		
n.	Mental health services		
o.	Outreach		
p.	Transportation		
	Total STRMU Supportive Services		

Housing Placement Assistance Categories (please also complete Part 3e)		Number of <u>Households</u> Receiving HOPWA Assistance	Total HOPWA Funds Expended during the operating year
r.	Housing Information Services		
s.	Permanent Housing Placement Services		
	Total Housing Placement Assistance		
Administration and Management Services			
t.	Resource Identification to establish, coordinate and develop housing assistance resources		
u.	Project Outcomes/Program Evaluation (if approved in a grant agreement)		
v.	Project Sponsor Administration (maximum 7% of subcontract)		
w.	Other Activity (if approved by grant agreement) Specify:		
	Total Administration and Management Services		
Total Expended			
	Total HOPWA Expenditures (sum of all categories)		

Note: Program Outcomes. STRMU is used to help stabilize clients in current housing and provide time to develop a permanent housing plan, if needed, to connect to longer term support (before the end of the short-term limits on assistance). Continued reliance on short-term assistance for the same household would not represent a stable living situation. Report this information using the matrix provided in Part 2c: Housing Stability Outcomes.

Part 3: Project Sponsor Information

B. Tenant-based Rental Assistance (TBRA)

For project sponsors that provided Tenant-based Rental Assistance (TBRA) using HOPWA funds during the program year as indicated in Part 4b, please provide the following detailed information for each project sponsor. Use extra pages as necessary.

- Expenditures by type of housing assistance.** Enter the number of households served and the amount of HOPWA funds expended during the program year for the activities listed below.

Housing Assistance Categories		Number of <u>Households</u> Receiving HOPWA Assistance	Total HOPWA Funds Expended during Program Year
a.	Tenant-based rental assistance (TBRA)		
b.	Shallow rent program units, if approved in a grant agreement		
	Total TBRA Housing Assistance		
Supportive Services Provided by This Project Sponsor Agency to Households Receiving Rental Assistance		Number of <u>Households</u> Receiving HOPWA Assistance	Total HOPWA Funds Expended during the operating year
c.	Adult day care and personal assistance		
d.	Alcohol and drug abuse services		
e.	Case management/client advocacy/ access to benefits & services		
f.	Child care and other child services		
g.	Education		
h.	Employment assistance and training		
i.	Health/medical/intensive care services, if approved		
j.	Legal services		
k.	Life skills management (outside of case management)		
l.	Meals/nutritional services		
m.	Mental health services		
n.	Outreach		
o.	Transportation		
	Total TBRA Supportive Services		

Housing Placement Assistance Categories		Number of <u>Households</u> Receiving HOPWA Assistance	Total HOPWA Funds Expended during the operating year
p.	Housing Information Services		
q.	Permanent Housing Placement Services		
	Total Housing Placement Assistance		
Administration and Management Services			
r.	Resource Identification to establish, coordinate and develop housing assistance resources		
s.	Project Outcomes/Program Evaluation (if approved in a grant agreement)		
t.	Project Sponsor Administration (maximum 7% of subcontract)		
u.	Other Activity (if approved by grant agreement) Specify:		
	Total Administration & Management Services		
Total Expended			
	Total HOPWA Expenditures (sum of all categories)		

Note: Program Outcomes. TBRA is considered permanent affordable housing and when provided with other appropriate support, such as access to health-care and other mainstream human services, households are enabled to establish and maintain stable living arrangements. Report this information in Part 2c: Housing Stability Outcomes.

Part 3: Project Sponsor Information

C. Facility-Based Housing Assistance

For project sponsors that have provided facility-based housing assistance using HOPWA funds during the program year as indicated in Part 4, please provide the following detailed information for each project sponsor. If the project sponsor has operated more than one facility using HOPWA dollars during the program year, fill out information for each facility. Use extra pages as necessary. If no expenditures were made but the facility was developed with HOPWA funds, and therefore subject to use periods of ten years for acquisition, new construction and substantial rehabilitation costs of Stewardship units, or three years for non-substantial rehabilitation costs, then the project sponsor should complete the certification on continued use for HOPWA eligible persons, which is attached to this form.

1. a) Capital Development of Projects Only

Type of Development	HOPWA Funds Expended	Non-HOPWA funds Expended	Type of Facility [Check <u>only one</u> box.]
<input type="checkbox"/> New construction	\$	\$	<input type="checkbox"/> Permanent housing
<input type="checkbox"/> Rehabilitation	\$	\$	<input type="checkbox"/> Short-term Shelter or Transitional housing
<input type="checkbox"/> Acquisition	\$	\$	<input type="checkbox"/> Supportive services only facility
a.	Purchase/lease of property		Date (mm/dd/yy):
b.	Rehabilitation/Construction Dates:		Date started: Date Completed:
c.	Operation dates:		Date residents began to occupy: <input type="checkbox"/> Not yet occupied
f.	Date supportive services began		Date started: <input type="checkbox"/> Not yet providing services
g.	Number of units in the facility		HOPWA-funded units Total Units
h.	Is a waiting list maintained for the facility?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of participants on the list at the end of program year ____
i.	Is the address of the project site confidential?		<input type="checkbox"/> Yes, protect information; do not list. <input type="checkbox"/> No, can be made available to the public.

2. Units assisted in types of housing facility. Indicate for each type of housing facility, the number of units in these facilities, categorized by the number of bedrooms. Please note, this number may not equal the total number of households served.

Type of housing facility operated by project sponsor		Total Number of Units Operated in the Program Year Categorized by the number of Bedrooms per Units					
		SRO/0 bdrm	1 bdrm	2bdrm	3 bdrm	4 bdrm	5+bdrm
a.	Single room occupancy dwelling						
b.	Community residence						
c.	Short-term or transitional supported housing facility						
d.	Units leased by project sponsor/Project-based rental assistance units						
e.	Other housing facility (specify):						

3. Facility-Based Housing Expenditures. Enter the total number of households (such as a single participant) served in operating facilities and the amount of HOPWA funds expended during the program year for the activities listed below. If the development involved more than one activity then indicate the adjustment for duplication, while showing the expenditures directly made for each the activities. Please refer to the definitions section for clarification on terminology.

Housing Assistance Categories		Number of <u>Households</u> Receiving HOPWA Assistance	Total HOPWA Funds Expended during Program Year
a.	Leasing costs		
b.	Operating Costs		
c.	Rental subsidy for a unit owned (or leased) by another agency or PBRA		
d.	Other, if approved (Specify):		
Adjustment for duplication			
Total Facility-Based Housing Assistance Is the total unduplicated? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Supportive Services Provided by This Project Sponsor Agency to Households Residing in Facilities		Number of <u>Households</u> Receiving HOPWA Assistance	Total HOPWA Funds Expended during the operating year
e.	Adult day care and personal assistance		
f.	Alcohol and drug abuse services		
g.	Case management/client advocacy/ access to benefits & services		
h.	Child care and other child services		
i.	Education		
j.	Employment assistance and training		
k.	Health/medical/intensive care services, if approved		
l.	Legal services		
m.	Life skills management (outside of case management)		
n.	Meals/nutritional services		
o.	Mental health services		
p.	Outreach		
q.	Transportation		
Total Facility-Based Supportive Services			

Housing Placement Assistance Categories		Number of <u>Households</u> Receiving HOPWA Assistance	Total HOPWA Funds Expended during the operating year
r.	Housing Information Services		
s.	Permanent Housing Placement Services		
	Total Housing Placement Assistance		
	Management & Administration Services		
t.	Resource Identification to establish, coordinate and develop housing assistance resources (Including Technical Assistance in Community Residence)		
u.	Project Outcomes/Program Evaluation (if approved in a grant agreement)		
v.	Project Sponsor Administration (maximum 7% of subcontract)		
w.	Other Activity (if approved in grant agreement) Specify:		
	Total Housing Placement & Administration		
Total Expended			
	Total HOPWA Expenditures (sum of all categories)		

Note: Program Outcomes. Facility-based support may be considered permanent supportive housing when provided with other appropriate on-site support, such as assistance with daily living activities or other needed support. Residents also benefit from improved access to health-care and other mainstream human services. Facilities may also be designed for short-term or transitional efforts to help individuals better prepare to establish and maintain stable living arrangements. Report this information in Part 2c: Housing Stability Outcomes.

HOPWA Housing Project Certification of Continued Usage For Facility-Based Stewardship Units ONLY

Grantees that received Housing Opportunities for Persons with AIDS (HOPWA) funding for the costs for new construction, acquisition, or substantial rehabilitation are required to operate their facilities for HOPWA eligible persons for at least ten years, or at least three years, if non-substantial rehabilitation funds was used.

HUD Grant Number(s)		Program Year for this report <i>From (mm/dd/yy) to (mm/dd/yy)</i>	
		<input type="checkbox"/> Yr 1; <input type="checkbox"/> Yr 2; <input type="checkbox"/> Yr 3; <input type="checkbox"/> Yr 4; <input type="checkbox"/> Yr 5; <input type="checkbox"/> Yr 6; <input type="checkbox"/> Yr 7; <input type="checkbox"/> Yr 8; <input type="checkbox"/> Yr 9; <input type="checkbox"/> Yr 10.	
Grantee Name		Date Facility began operations	
Housing Assistance	Number of Households Receiving Housing Assistance with HOPWA funds	Total Amount of HOPWA Funds Expended during Program Year	Amount of Leveraging (cash resources) from Other Sources Used in This Year
Stewardship units (developed with HOPWA funds but no current operations or other HOPWA costs) subject to 3- or 10- year use periods			
For Project Sites--Name of HOPWA-funded project			
Site Information: Project Zip Code(s) and Congressional District(s)			
Is the address of the project site confidential?	<input type="checkbox"/> Yes, protect information; do not list. <input type="checkbox"/> Not confidential; information can be made available to the public.		
If the site is available to the public, please provide the contact information, phone, email address/location, if different than above.			

I certify that the facility that received assistance for acquisition, rehabilitation, or new construction from the Housing Opportunities for Persons with AIDS has operated as a facility to assist HOPWA eligible persons from the date shown. I also certify that the grant is still serving the planned number of HOPWA eligible households at this facility through other resources and all the requirements of the grant agreement are being satisfied.

<i>I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.</i>	
Name & Title of Authorized Official	Signature & Date (mm/dd/yy)
Name & Title of Contact at Grantee Agency <i>(person who can answer questions about the report and program)</i>	Contact Phone (include area code)

This Annual Certification of Continued HOPWA Project Operations to be used in place of other sections of the APR, in the case that no additional HOPWA funds were expended in this operating year at this facility which had been acquired, rehabilitated or constructed and developed in part with HOPWA funds.

Part 3: Project Sponsor Information

D. Supportive Services Only Programs

1. Supportive Services. Complete this section for project sponsors providing supportive services only using HOPWA funds during the program year, i.e., to households whose housing needs are being met through some other means other than HOPWA housing assistance.

Supportive Services Provided by This Project Sponsor Agency		Number of Households Receiving HOPWA Assistance	Total HOPWA Funds Expended during the operating year
a.	Adult day care and personal assistance		
b.	Alcohol and drug abuse services		
c.	Case management/client advocacy/ access to benefits & services (client outcome information requested)		
d.	Child care and other child services		
e.	Education		
f.	Employment assistance and training (client outcome information requested)		
g.	Health/medical/intensive care services, if approved		
h.	Legal services		
i.	Life skills management (outside of case management)		
j.	Meals/nutritional services		
k.	Mental health services		
l.	Outreach		
m.	Transportation		
Total Supportive Services			
Housing Placement Assistance Services			
p.	Housing Information Services	*	
q.	Permanent Housing Placement Services	*	
Total Housing Placement Assistance			
Administration & Management Services			
r.	Resource Identification to establish, coordinate and develop housing assistance resources		
s.	Project Outcomes/Program Evaluation (if approved in a grant agreement)		
t.	Project Sponsor Administration (maximum 7% of subcontract)		
u.	Other Activity (if approved in grant agreement) Specify:		
Total Administration & Management Services			
Total Expended			
Total HOPWA Expenditures (sum of all categories)			

Note: Program Outcomes. Additional information on beneficiaries of case management support and employment assistance and training are to be reported also under Part 2a in Beneficiary Information, including access to services at program entry and program exit.

Part 4: Optional Information on Determining HOPWA Outcomes and Connections with HMIS

Background on HOPWA Housing Stability Codes

Short-term Housing

1 = Emergency shelter or no housing destination such as places not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station, or anywhere outside).

2 = Temporary housing - moved in with family/friends or other short-term arrangement, such as Ryan White subsidy, transitional housing for homeless, and temporary placement in institution (e.g., hospital, psychiatric hospital or other psychiatric facility, substance abuse treatment facility or detox center).

Stable Permanent Housing/Ongoing Participation

3 = Housing in the private rental or home ownership market (without subsidy, including permanent placement with families).

4 = Other HOPWA-funded housing assistance (not STRMU).

5 = Other subsidized house or apartment (non-HOPWA sources, e.g., Section 8, HOME, public housing).

6 = Institutional setting with greater support and continual residence expected (e.g., residential or long-term care facility, hospital).

Life Events

7 = Jail /prison.

8 = Disconnected or disappeared from project support, unknown destination or no assessments of housing needs were undertaken.

9 = Death, i.e., remained in housing until death. This characteristic is not factored into the housing stability equation.

OUTCOME ASSESSED: The HOPWA assisted households were enabled to establish and/or better maintain a stable living environment in housing that is safe, decent, and sanitary, and to reduce their risks of homelessness, and improve access to HIV treatment and other health care increases through the use of annual resources with the goal that this reaches 80 percent by 2008.

OUTCOME INDICATOR is the total as follows:

a. for STRMU assistance: **Stable Housing** is the sum of the number of households who left the assistance with a reasonable expectation that they will survive on their own after HOPWA assistance (as this is a time-limited form of housing support) as shown as items: 3, 4, 5, and 6. **Unstable Situations** is the sum of the numbers reported under items 1, 2, 7, and 8.

b. for Tenant-based Rental Assistance: **Stable Housing** is the sum of the number of households who (i) remain in the housing and (ii) those who left the assistance as shown as items: 3, 4, 5, and 6. **Unstable Situations** is the sum of numbers reported under items 1, 2, 7 and 8.

c. for facility-based forms of housing assistance: **Stable Housing** is the sum of the number of households who (i) remain in the housing and (ii) those who left the assistance as shown as items: , 3, 4, 5, and 6. **Unstable Situations** is the sum of numbers reported under items 1, 2, 7, and 8.

Optional Worksheet to Determine Percentage of Clients in Stable Housing.

Type of Housing Assistance	[1] Number in stable housing	[2] Number in unstable situations	[3] Percent Stable/total
Short-term Rent, Mortgage, and Utility Assistance	(3+4+5+6=#)	(1+2+7+8=#)	
Tenant-based Rental Assistance	(# remaining in program plus 3+4+5+6=#)	(1+2+7+8=#)	
Facility-based Housing Assistance	(# remaining in program plus 3+4+5+6=#)	(1+2+7+8=#)	
Total HOPWA Housing Assistance			

Background information on Universal Data Elements for Homeless Management Information Systems (HMIS), which may be used by HOPWA projects to help coordinate assistance. (OPTIONAL FORMAT and edits noted *)

Data Element	Response Category
2.1 Name	First Name Middle Name Last Name Suffix
Current Name	
Other Name Used to Receive Services Previously	
2.2 Social Security Number	1=Full SSN Reported 2=Partial SSN Reported 8=Don't Know or Don't Have SSN 9=Refused
2.3 Date of Birth	Month/Day/Year: __/__/____
2.4 Ethnicity and Race	
Ethnicity	0=non-Hispanic/Latino 1=Hispanic/Latino
Race (* items 6-10 added to HMIS list)	1=American Indian or Alaskan Native 2=Asian 3=Black or African-American 4=Native Hawaiian or Other Pacific Islander 5=White 6= American Indian or Alaskan Native and White 7=Asian and White 8=Black or African-American and White 9=American Indian or Alaskan Native and Black or African-American 10=Other Multi-Racial
2.5 Gender	0=Female 1=Male
2.6 Veteran Status	0=No 8=Don't Know 1=Yes 9=Refused
2.7 Disability Status	0=No 8=Don't Know 1=Yes 9=Refused
2.8 Residence Prior to Program Entry	1=Emergency shelter 2=Transitional housing for homeless persons 3=Permanent housing for formerly homeless persons (such as Shelter Plus Care, SHP, or SRO Mod Rehab) 4=Psychiatric hospital or other psychiatric facility 5=Substance abuse treatment facility or detox center 6=Hospital (non-psychiatric facility) 7=Jail, prison or juvenile detention facility 10=Rented room, apartment, or house 11=House you own 12=Staying or living in someone else's (family and friends) room, apartment, or house 13=Hotel or motel paid for without emergency shelter voucher 14=Foster care home or foster care group home 15=Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside) 16=Other 8=Don't Know 9=Refused
Length of Stay in Previous Place	1=One week or less 2=More than one week, but less than one month 3=One to three months 4=More than three months, but less than one year 5=One year or longer
2.9 Zip Code of Last Permanent Address	1=Full Zip Code Recorded 8=Don't Know 9=Refused
2.10 Program Entry Date	Month/Day/Year: __/__/____
2.11 Program Exit Date	Month/Day/Year: __/__/____
2.12 Unique Person Identification Number	A PIN must be created, but there is no required format as long as there is a single unique PIN for every client served and it contains no personally identifying information.
2.14 Household Identification Number	A Household ID number must be created, but there is no required format as long as the number allows identification of clients that receive services as a household.

Information on HOPWA Program Specific Data Elements in HMIS.

Data Element	Response Category		
3.1 Income and Source	1=Earned Income 2=Unemployed Insurance 3=Supplemental Security Income or SSI 4=Social Security Disability Income (SSDI) 5=A veteran's disability payment 6=Private disability insurance 7=Worker's compensation 8=Temporary Assistance for Needy Families (TANF) (or use local program name) 9=General Assistance (GA) (or use local program name) 10=Retirement income from Social Security 11=Veteran's pension 12=Pension from a former job 13=Child support 14=Alimony or other spousal support 15=Other source 16=No financial resources		
Total Month Income	\$ _____.00		
3.2 Source of Non-Cash Benefits	1=Food stamps or money for food on a benefits card 2=MEDICAID health insurance program (or use local name) 3=MEDICARE health insurance program (or use local name) 4=State Children's Health Insurance Program (or use local name) 5=Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) 6=Veteran's Administration (VA) Medical Services 7=TANF Child Care services (or use local name) 8=TANF transportation services (or use local name) 9=Other TANF-funded services (or use local name) 10=Section 8, public housing, or other rental assistance 11=Other source		
3.5 HIV/AIDS Status	0=No 1=Yes		
3.8 Services Received			
Date of service	Month/Day/Year: __/__/____		
Service type	<table border="0"> <tr> <td> 1=Food 2=Housing placement 3=Material goods 4=Temporary financial aid 5=Transportation 6=Consumer assistance and protection 7=Criminal justice/legal services 8=Education 9=Health care </td> <td> 10=HIV/AIDS-related services 11=Mental health counseling 12=Substance abuse services 13=Employment 14=Case/care management 15=Day care 16=Personal enrichment 17=Outreach 18=Other </td> </tr> </table>	1=Food 2=Housing placement 3=Material goods 4=Temporary financial aid 5=Transportation 6=Consumer assistance and protection 7=Criminal justice/legal services 8=Education 9=Health care	10=HIV/AIDS-related services 11=Mental health counseling 12=Substance abuse services 13=Employment 14=Case/care management 15=Day care 16=Personal enrichment 17=Outreach 18=Other
1=Food 2=Housing placement 3=Material goods 4=Temporary financial aid 5=Transportation 6=Consumer assistance and protection 7=Criminal justice/legal services 8=Education 9=Health care	10=HIV/AIDS-related services 11=Mental health counseling 12=Substance abuse services 13=Employment 14=Case/care management 15=Day care 16=Personal enrichment 17=Outreach 18=Other		

Data Element	Response Category	
3.9 Housing Status end of operating year or Destination		
Destination / Housing Outcome * (* this section rearranged to the HOPWA outcome focus from HMIS standards)	1 (Emergency Shelter)= Emergency shelter or potentially place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside) 2 (Temporary Housing) = Temporary arrangement such as Transitional housing for homeless persons; Staying or living in someone' else's (family and friends) room, apartment, or house; Hotel or motel paid for without emergency shelter voucher; planned temporary stay in institution such as a Substance abuse treatment facility or detox center 3 (Private Housing)= Non-subsidized rented room, apartment, or house; or House you own or other permanent placement without subsidy 4 (Other HOPWA)=such as TBRA or housing facilities. 5 (Other Subsidy)= non-HOPWA subsidized housing, such as Section 8, HOME, Permanent housing for formerly homeless persons (such as Shelter Plus Care, SHP, or SRO Mod Rehab); or Hospital (non-psychiatric) 6 (Institution)= Psychiatric hospital or other psychiatric facility; Foster care home or foster care group home; or other residence or long-term care facility 7 (Jail/Prison) = Jail, prison, or juvenile detention facility 8 (Disconnected) = Don't Know, Refused or no assessment of housing needs were undertaken 9 (Death) = life event	
Tenure	1=Permanent 2=Transitional 8=Don't Know 9=Refused	
Subsidy Type	1=Public housing 2=Section 8 3=Shelter Plus Care 4=HOME program 5=Other subsidy	6=None 8=Don't Know 9=Refused 10=HOPWA program
Housing Assistance	1=Short-term Rent, Mortgage, and Utility 2=Tenant-based Rental Assistance 3=Facility-based Housing Assistance a=Single Room Occupancy building b=Community Residence c=Units leased by project sponsor (scattered-site or clustered) d=Other Housing Facility (please specify)	
EXTRA. HOPWA access to care and other support * (added to HMIS standards)	1=Has a housing plan for maintaining or establishing stable on-going residency 2=Had contact with a case manager at least once in the last three months 3=Had contact with a primary health care provider at least once in the last three months 4=Had medical insurance coverage 5=Obtained an income-producing job created by this project sponsor during the year 6=Received a successful referral to a job created outside this agency during the year	